



Absentee Shawnee Tribe Of Oklahoma
Building Blocks Child Development Center
4000 N. Kickapoo
Shawnee, OK 74804
(405)878-0633 Fax: (405)878-0156



Child Care Applicants:

Everyone must apply with DHS for child care. This is a grant requirement that we must follow. Your current family income must also be submitted for eligibility based on the guidelines. If you have any questions, please call our office at (405)878-0633.

1. Must apply with the Department of Human Services (DHS) for child care (NEED copy of letter from DHS—approving or disapproving)
2. Application, Applicant's Responsibilities, Release of Liability and Provider Registration.
3. Income Verification of all household (copy of two check stubs, child support, alimony, TANF, social security, child care assistance, and general/tribal assistance, etc...).
4. If divorced or separated, copy of Divorce Decree or separation document must be attached. (The Law states that falsifying information to obtain federal monies for child care assistance is punishable by: (a) \$1,500.00 fine (b) 60 days in jail).
5. Copy of current class schedule or letter from school (verifying attendance and hours).
6. Copy of CDIB of parent and child(ren).
7. Copy of current child(ren) Immunization records.
8. Copy of current State Day Care License (for centers and home providers).
9. Copy of current Health and Safety Inspections (for centers and home providers).
10. Copy of TB test, Hepatitis B shot, CPR, OSBI check and Fingerprints.

**BE SURE TO READ, SIGN AND BRING ALL THE FOLLOWING DOCUMENTS, SO THAT
YOUR APPLICATION WILL NOT BE HELD UP.**



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CHILD CARE APPLICATION

APPLICANT'S NAME: _____ DATE: _____
Last First M.I.

ADDRESS: _____
Street City State Zip

APPLICANT'S TRIBAL AFFILIATION: _____ CDIB #: _____

PHONE: _____ SSN: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____
Street City State Zip

Family Information: Please list all family members living in the home.

Name	DOB	Age	Soc. Sec. No.	Tribal Affiliation	CDIB#

(Please attach copies of child(ren) CDIB cards and immunization records.)

PROVIDER INFORMATION

(Person of Facility who will care for child(ren))

PROVIDER'S NAME: _____ PHONE: (____) _____
Last First

ADDRESS: _____
Street City State Zip

FINDING DIRECTIONS: _____

I _____, release the Absentee Shawnee Tribe of Oklahoma and the Child Care Development Fund (CCDF) from any liability that may occur while my child(ren) are in the care of _____ who resides at _____.

Applicant (Head of Household)

Date

Spouse

Date

Absentee Shawnee Tribe of Oklahoma Child Care Coordinator

Date



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RELEASE OF LIABILITY FORM

I _____, release the Absentee Shawnee Tribe of Oklahoma, Building Blocks Child Development Center, and the Child Care Development Fund (CCDF) from any liability that may occur while my child(ren):

are in the care of: _____

who resides at: _____

Applicant (Head of Household)

Date

Spouse

Date

Child Care Coordinator/Director
Absentee Shawnee Tribe
Building Blocks C.D.C.

Date



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APPLICANT RESPONSIBILITIES FOR CHILD CARE ASSISTANCE

I agree to:

1. Abide by the days and hours as specified in the day care plan in order to assure that my child(ren) will be supervised by me or someone else at all times. I will notify of an alternate person to contact if there is any emergency. If care is needed beyond the specified plan during any emergency, I understand that I may be responsible for any additional charges.
2. Be responsible for payment for any days and hours of care in excess of days and hours for which the Absentee Shawnee Tribe has agreed to pay.
3. Notify both the Absentee Shawnee Tribe and the child care provider within two (2) days of any change in facility.
4. Notify the Absentee Shawnee Tribe of any change in the amount of my family's income (received from any source) and any change in the size of my family. I agree to make this notification within ten (10) days of the change in income or family size.
5. Be responsible for any expense incurred by my failure to notify the Absentee Shawnee Tribe or the child care provider as noted in numbers one (1) and/ or two (2) above.
6. Notify the Absentee Shawnee Tribe of any change of address or phone number.
7. Notify the Absentee Shawnee Tribe if there is any change concerning the person to contact in case of emergencies.
8. Be responsible for certifying my child's attendance in child care by signing the attendance form maintained by the office of Child Care at the end of each month's care. I understand that my failure to certify my child's attendance may result in the Tribes termination of payment to the facility or discontinuing care of my child. I further understand I am NEVER to sign a blank attendance record.
9. Be responsible to pay promptly or make arrangements for any co-payment I owe to the child care provider.
10. Make information available regarding the health assessment of my child(ren).
11. Be responsible for any established overpayment.

I agree to the Applicant Responsibilities as shown on this page and provide the Absentee Shawnee Tribe the opportunity to obtain any needed verification. I affirm under penalty of perjury that this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud.

Applicant/Client's Signature

Date

Phone #: () _____



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**Child Care Program
Provider Registration Form
Absentee Shawnee Tribe**

Name or Center Name as it appears on Day Care License: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Finding Directions: _____

Work Phone () _____ Home Phone () _____

Social Security #: _____

State/Federal I.D.: _____ State License#: _____

Date of T.B. Test: _____ Date of CPR Certification: _____

*Need to provide a health statement, T.B. test and Hepatitis shot.

W-9 Form: Attached and Completed _____

I agree to provide parents with unlimited access to their children and will meet or discuss any questions or concerns with the parent during normal hours of operation or when their children are in my care.

Names of children that care is provided for:

Provider Signature: _____ Date: _____

A. S. T. Child Care Coordinator: _____ Date: _____